

# STATEMENT OF EXPENDITURES

Michigan Department of Human Services

- See instructions on page 3.
- See P.A. 431 information and non-discrimination statement on page 3.

ORIGINAL DHS RECEIPT DATE (For DHS Use Only)

1. Contract Number

## SECTION I – Complete for all Submittals

1A. Name of Contractor		2. Index	3. PCA	4. Obj	5. County
6. Period Covered by Statement FROM: THRU:		7. Appn Yr	2A. Index	3A. Additional PCA's	
8. F.E. Number (or) Social Security Number	9. Mail Code	10. Contract Administrator Signature			10a. Approval Date

## SECTION II – Bill Type

☐ ORIGINAL
 ☐ REVISED
 ☐ FINAL  
☐ ESTIMATED
 ☐ ADDITIONAL

11. Authorized DHS Approval Signature(s) (PAL)	11a. Approval Date
11b. Authorized DHS Approval Signature(s) (PAL) <b>PRINTED</b>	

## SECTION III – Dollars Expended to Provide Service to Eligible Clients

LISTED LINE ITEM BUDGET (Listed as specified in Budget Contained in Agreement to Purchase (1))	DOLLAR AMOUNT					
	In Budget		Expended This Period		Cumulative Expenditures to Date	
	(2)		(3)		(4)	
	DHS Agreement Budget	Match Amount	DHS Agreement Budget	Match Amount	DHS Agreement Budget	Match Amount
Salaries	0.00	0.00	0.00	0.00	0.00	0.00
Fringe Benefits	0.00	0.00	0.00	0.00	0.00	0.00
Occupancy	0.00	0.00	0.00	0.00	0.00	0.00
Communication	0.00	0.00	0.00	0.00	0.00	0.00
Supplies	0.00	0.00	0.00	0.00	0.00	0.00
Equipment	0.00	0.00	0.00	0.00	0.00	0.00
Local Transportation	0.00	0.00	0.00	0.00	0.00	0.00
Contractual Services	0.00	0.00	0.00	0.00	0.00	0.00
Specific Assist. to Individ.	0.00	0.00	0.00	0.00	0.00	0.00
Miscellaneous	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTALS</b>	0.00	0.00	0.00	0.00	0.00	0.00

## SECTION IV – Units Rendered to Provide Service to Eligible Clients

TYPE OF SERVICE (1)	Contract Rate Per Unit (2)	Number of Units Contracted (3)	Units Provided This Period (4)	Payment Amount This Period (5)	Cumulative Units to Date (6)	Cumulative Amount to Date (7)
	0		0.00	0.00	0.00	0.00
	0		0.00	0.00	0.00	0.00
	0		0.00	0.00	0.00	0.00
	0		0.00	0.00	0.00	0.00
	0		0.00	0.00	0.00	0.00
	0		0.00	0.00	0.00	0.00
<b>TOTALS</b>			0.00	0.00		0.00
<b>UR/AC GRAND TOTALS</b>				0.00		0.00

I hereby certify that the expenditures as stated in Section III represent actual expenditures made in accordance with the contract budget DHS-468; or that units of service provided as stated in Section IV have been provided.

Contractor Signature

Date

SECTION V – Supporting Documentation of Services Provided

Period Covered:                      From:                                      Thru:

Client/Organization Name	Client Case Number	Type of Service	# of Units Provided This Period	Date(s) of Service	Verified by (DHS Staff signature)	Date Verified
(1)	(2)	(3)	(4)	(5)	(6)	(7)
			0.00			
			0.00			
			0.00			
			0.00			
			0.00			
			0.00			
			0.00			
			0.00			
			0.00			
			0.00			
			0.00			
			0.00			
			0.00			
			0.00			
			0.00			
			0.00			
			0.00			
			0.00			
			0.00			
			0.00			

Total      0.00

This total should agree to total number of units provided this period in Section IV on page 1

# INSTRUCTIONS

## Please Type or Print.

- Section I – Complete for all submittals  
Section II – Complete for all submittals  
Section III – Complete for line item reimbursement only  
Section IV – Complete for unit cost reimbursement  
Section V – Complete for all submittals

### SECTION I

1. **Contract Number** – fill in the complete contract number, including the letter prefix as it appears in the upper right hand corner of the contract.
- 1A. **Name of Contractor** - fill in the contractor name exactly the way it is listed on the front page of your contract.
- 2., 2A. **Index** – Fill in the five digit index number for the expenditure. Use 2A if additional index is needed.
- 3., 3A. **P.C.A.** – Fill in the five digit program cost account for the expenditure. Use 3A for multiple PCA's.
4. **A. Obj.** – Fill in the four digit object code appropriate for the expenditure.
5. **County** – County name.
6. **Period Covered by Statement** – fill in the beginning and ending date of the service period covered by this statement.
7. **App. Year** - Fill in the four digit appropriation year that funds are to be expended from.
8. **Federal Employer Number (or) Social Security Number** – fill in your federal identification number as it appears on Federal tax information. This is a nine digit figure. If you have no federal identification number your social security number may be used.
9. **Mail Code** – Fill in the three digit mail code which corresponds to the mail address.
10. **Contract Administrator** – To be completed by the Department.
11. **Authorized DHS Approval Signature(s) (PAL)** – to be completed by the Department.
- 10A, 11A. **Approval Date** – to be completed by the Department.
- 11B. **PRINTED Authorized DHS Approval Signature (PAL)**

### SECTION II

1. **Original, Revised, Final, Estimate and Additional** – check the appropriate box.

### SECTION III

- (Col. 1) **Line Item Budget** – Budget categories are listed exactly in the order that they appear on the DHS-468, Budget Statement.
- (Col. 2) **In Budget** – fill in the amounts allocated for each category in the contract. Amounts must adhere to approved line item changes, if any. Include match amounts for each category designated in the contract budget.
- (Col. 3) **Expended this Period** – fill in the amount spent for each category in the period you are billing the department and/or a match source by indicating actual expenditures of each line item.
- (Col. 4) **Cumulative Expenditures to Date** – fill in the amount you have spent from the beginning date of the contract, including this billing period.

### SECTION IV – If contract is paid by unit rate, complete ONLY Section IV.

- (Col. 1) **Type of Service** – fill in the definition(s) of unit(s) as stated in the contract under Section II, Contractor Responsibilities.
- (Col. 2) **Contract Rate Per Unit** – fill in the payment rate of each service as stated in the contract under Section III, Department Responsibilities – Payment.
- (Col. 3) **Number of Units Contracted** – fill in the total number of units for each service this contract will allow as stated in the contract under Section II, Contractor Responsibilities.
- (Col. 4) **Units Provided this Period** – fill in the number of units for each service used in this billing period.
- (Col. 5) **Payment Amount this Period** – fill in the dollar amount of the units used in this billing period. This is the product of the contract rate per unit times the units provided this period. Total column, this is the amount you should expect to be paid.
- (Col. 6) **Cumulative Units to Date** – fill in the total number of units used from the effective date of this contract to date.
- (Col. 7) **Cumulative Amount to Date** – fill in the amount spent from the effective date of the contract to date. Total column.

**SIGNATURE** – Signature of person administratively responsible for the contract.

### SECTION V

- (Col. 1) **Client/Organization Name** – fill in the name of the client or organization served.
- (Col. 2) **Client Case Number** – fill in the client case number.
- (Col. 3) **Type of Service** – fill in a service title.
- (Col. 4) **# of Units Provided This Period** – fill in the number of units provided to this client or organization for this billing period.
- (Col. 5) **Date(s) of Service** – fill in the date(s) the service was provided to this client or organization for this billing period.
- (Col. 6) **Verified by** – Signature of DHS staff verifying services provided.
- (Col. 7) **Date Verified** – fill in the date DHS staff verified services were provided.

Original to **Contract Payment Unit**, Suite 1018, Grand Tower Building, Lansing      Copy to Contractor; copy maintained by Contract Administrator

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: P.A. 280 1939.  
COMPLETION: Mandatory.  
PENALTY: No payment processed.